

**Texas Department of Insurance, Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**PART I: GENERAL INFORMATION**

Requestor's Name and Address:	MFDR Tracking #:	M4-10-1204-01
Dr. Charles A. Wallace		
17110 Dallas N. Pkwy, Suite 100		
Dallas, TX 75248		
Respondent Name and Box #:		
TEXAS MUTUAL INSURANCE CO.		
Box #: 54		

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary dated October 22, 2009, states in part, "...Texas Mutual received the claim and denied it based on further information needed, 08-03-2007. Further information was sent along with the claim and denied again, 11-7-2007, by Texas Mutual for the time limit for filing expired. Clearly this was filed within the time limit and I should be reimbursed for my services...."

Principle Documentation:

1. DWC 060
2. Medical Bill
3. EOBs
4. Operative report
5. Total Amount Sought \$2,180.00

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary, dated November 23, 2009, states in part, "...Texas Mutual received the bill and attached documentation 10/19/07, concluded the billing was past the 95 days required by DWC Rule 133.20, and declined to issue payment...."

Principle Documentation:

1. DWC 060 Response

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	Disputed Service	Amount in Dispute	Amount Due
6/14/2007	CAC-28, 731, CAC-W1, CAC-18, 224, 282 and 892	14040- Debridement; skin, partial thickness 11044- Debridement; skin, subcutaneous tissue, muscle, and bone	\$2,180.00	\$0.00
Total Due:				\$0.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

1. These services were denied by the Respondent with reason codes:
 - CAC-28- The time limit for filing has expired
 - 731-134.401 & 133.20 provider shall not submit a bill later than the 95th day after the date of service, for service on or after 9/1/05
 - CAC-W1-Workers Compensation State Fee Schedule adjustment
 - CAC-18-Duplicate claim/service
 - 224-Duplicate Charge
 - 282-The insurance company is reducing or denying payment after reconsidering a bill
 - 892-Denied in accordance with DWC Rules and/or medical fee guideline

2. The Division has raised issues in order to administer the dispute process consistent with the provisions of the Labor Code and Division rules. The 28 TAC Section 133.307(e)(2), states, "...The Division will review the completed request and response to determine appropriate MDR action....The Division may raise issues in the MDR process when it determines such an action to be appropriate to administer the dispute process consistent with the provisions of the Labor Code and Division rules."
3. Medical Fee Dispute Resolution (MFDR) received the DWC 060 on October 22, 2009. The date of service in dispute is June 14, 2007. Rule 133.307 (c) (1) (A), states, "(c) Requests. Requests for medical dispute resolution (MDR) shall be filed in the form and manner prescribed by the Division. Requestors shall file two legible copies of the request with the Division. (1) Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request. (A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." The dispute was filed after the one year filing deadline.
4. The Division concludes that this dispute was not eligible for review due to the untimely filing of the MDR request. As a result, the amount ordered is \$0.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d), §413.031 and §413.0311
Rule 133.307

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. §413.031, the Division has determined that the Requestor is entitled to \$0.00 reimbursement.

		December 3, 2009
Authorized Signature	Medical Fee Dispute Resolution Officer	Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.